

**COMMUNITY CHALLENGE GRANT PROGRAM  
PROJECT PROFILE – Page 1 of 3**

**Applicant Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

1. Geographic Service Area:			
<p><b>1a. Teen Pregnancy Hot Spots (Targeted Census Tract Numbers):</b></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%; border-bottom: 1px solid black;"></div> <div style="width: 30%; border-bottom: 1px solid black;"></div> <div style="width: 30%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%; border-bottom: 1px solid black;"></div> <div style="width: 30%; border-bottom: 1px solid black;"></div> <div style="width: 30%; border-bottom: 1px solid black;"></div> </div>			
<p><b>1b. City (Cities):</b> _____</p> <p style="margin-left: 100px;">_____</p>			
2. Race/Ethnicity of Participants	3. Collaboration		
<div style="margin-bottom: 5px;">_____ % Asian/Pacific Islander</div> <div style="margin-bottom: 5px;">_____ % Black/African American</div> <div style="margin-bottom: 5px;">_____ % Latino/Hispanic</div> <div style="margin-bottom: 5px;">_____ % Native American</div> <div style="margin-bottom: 5px;">_____ % White</div> <div style="margin-bottom: 5px;">_____ % Other (specify) _____</div> <div style="margin-bottom: 5px;">_____ % <b>Total (Equal 100%)</b></div>	<div style="margin-bottom: 10px;"> <p><b>3a. Type of Collaborative:</b> (Check One)</p> <div style="display: flex; flex-direction: column; gap: 10px;"> <div><input type="checkbox"/> Alliance</div> <div><input type="checkbox"/> Partnership</div> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 50%; padding: 5px; text-align: center;"> <p><b>3b. Number of Collaborators:</b></p> <div style="border: 1px solid black; width: 60px; height: 30px; margin: 5px auto;"></div> </td> <td style="width: 50%; padding: 5px; text-align: center;"> <p><b>3c. Number of Subcontractors:</b></p> <div style="border: 1px solid black; width: 60px; height: 30px; margin: 5px auto;"></div> </td> </tr> </table>	<p><b>3b. Number of Collaborators:</b></p> <div style="border: 1px solid black; width: 60px; height: 30px; margin: 5px auto;"></div>	<p><b>3c. Number of Subcontractors:</b></p> <div style="border: 1px solid black; width: 60px; height: 30px; margin: 5px auto;"></div>
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4. Level of Evaluation:			
<p style="text-align: center;">(Check One)</p> <div style="display: flex; justify-content: center; gap: 20px;"> <input type="checkbox"/> Tier I         <input type="checkbox"/> Tier II       </div>			

